

**DEPARTMENT OF HEALTH SERVICES**

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November 12, 1997 PPL No. 97-025

All County Medi-Cal Administrative Activities (MAA)/  
Targeted Case Management (TCM) Coordinators and  
Advisory Committee Members

**PERFORMANCE MONITORING PLAN REQUIREMENT FOR CASE  
MANAGEMENT SERVICES**

The purpose of this letter concerns the *performance monitoring plan* requirement for all Local Governmental Agencies (LGAs) participating in the TCM program.

In some instances, LGAs may employ individuals who perform case management services under the TCM program, as well as under other programs providing case management services. For example, a Childhood Lead Program case manager may find it necessary to assist a client with an elevated blood level with their housing needs. This same client may also qualify for TCM under the target population for Public Health and possibly receive similar housing assistance from the TCM (Public Health) case manager. This may result in potential duplication of case management services. Pursuant with 45 Code of Federal Regulations (CFR) 74.53 and the Office of Management and Budgets (OMB) Circular A-87, which is incorporated into federal Medicaid regulations at 45 CFR 74.171, each LGA must ensure such duplication of services does not occur. This potential duplication of case management services may occur regardless of the payer of the program, i.e., case management services reimbursed through Medi-Cal and/or non-Medi-Cal programs, and is avoided through the systematic controls described in each LGA's performance monitoring plan.

As described in Policy and Procedure Letter (PPL) No. 96-028, to ensure such case management services are not duplicated within each LGA, Department of Health Services (DHS) requires each LGA to maintain a *performance monitoring plan* that includes "protocols and procedures to establish a county wide system to ensure non-duplication of services." The *performance monitoring plan* also coordinates continuity of care among providers of TCM services provided to beneficiaries who are eligible to receive case management services from two or more programs." This potential duplication of case management services reimbursed through a Medi-Cal and/or non-Medi-Cal payer may occur with and is not limited to the five TCM Programs.

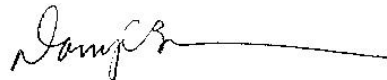
Other programs that provide reimbursement for case management services include, but are not limited to the Medi-Cal Lead Program, the California Children's Services (CCS), and the Child Health and Disability Prevention (CHDP) programs.

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Therefore, LGAs that participate in and claim through the TCM program and other programs providing case management services must include in the *performance monitoring plan* a description of the systematic controls that will ensure non-duplication of TCM services.

If you have any questions regarding this policy, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,



Darryl Nixon, Chief  
Medi-Cal Benefits Branch

Targeted Case Management: X Medi-Cal Administrative Activities: Policy Effective Date: July 1, 1997 Policy Reference: PPL 97-016, 96-028. 45 CFR 74.53
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cc: See next page.

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